

Polyclinics & Diagnostic Center, Inc.  
 APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 (02) 232-2273/266-3245  
 timcarealpha.ph



SERVICE ORDER

Priority No.	0004
SO No.	470302
S.O Date	08/07/2024
Terms	Cash
Amount Due	P300.00

JULIANA GRACE, CABE (Patient)  
 Cebu City (Capital), Cebu

PATIENT INFORMATION

PATIENT ID : 103818  
 PATIENT NAME : BINONGO, JULIANA GRACE, CABE  
 PATIENT ADDRESS : Pardo (Pob.), Cebu City (Capital), Cebu  
 MOBILE NO. : 0992 893 2485  
 EMAIL ADDRESS :  
 REQUESTING PHYSICIAN :  
 COMPANY/REFERRED BY : PLOY STAFFING SOLUTIONS  
 RESULT DELIVERY : PICKUP

GENDER : Female  
 BIRTHDATE : 07/26/2005  
 AGE : 19  
 CIVIL STATUS : Single  
 SC/PWD ID :  
 HMO CARD NO. :  
 PATIENT STATUS : WALK-IN

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
LO71	DRUG TESTING - SHABU & MARIJUANA (ONE DAY AVAILMENT ONLY)	1.00	300.00	300.00

SUMMARY OF CHARGES

TOTAL SALES	300.00
VARIABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	300.00

PREPARED BY:  
 Arissa Marie L. Armention

*[Handwritten Signature]*

ACKNOWLEDGED BY:  
 Signature Over Printed Name

VERIFIED BY:  
 PRIME CARE ALPHA

I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests, I have reviewed the prices listed on the (SO) and agree to the changes associated with the products and services.

THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM

Date Created: 08/07/2024 07:28 AM

OFFICIAL INVOICE

RECEIPT

# Prime Care ALPHA

Owned & Operated by: MEDGRUPPE POLYCLINICS & DIAGNOSTICS CENTER, INC.  
2nd Level, APM Centrale, Andres Soriano Jr. Ave., NRA Mabolo, Cebu City  
Tel: (032)232-2273 \* Fax: (032) 234-2273  
TIN: 225-095-757-00000 VAT

**B** NO 156785

Date: 8/7/2024

Customer: DINONGO, MIRIAM GRACE C.  
Business Style: \_\_\_\_\_

TIN: \_\_\_\_\_ Address: \_\_\_\_\_  
OSCA/PWD No.: \_\_\_\_\_

Signature: \_\_\_\_\_

SI No.	SI Date	SI DESCRIPTION	AMOUNT P	VARIABLE (V)	VAT Exempt (E)	Zero Rated (Z)	VAT (12%)	Total
		DRUG TEST	300.					300.
<b>Total</b>								<b>300.-</b>

Total Sales (VAT Incl)	300.00
Less: 12% VAT	0.00
Net of VAT /Total	300.00
Less: SC/PWD Disc.	0.00
Total Due	300.00
Less: Withholding	0.00
Total Amount Due	300.00

Mode of Payment:

CASH     CARD     CHECK    CHECK # \_\_\_\_\_

968-A V. Rama Ave, Genshupa, Cebu City    Tel: 235-2665    062MP201900000000006  
Serial No.    BIR ATP No.:    Date Issued: Jan. 14, 2019

171-817-998-000 NVAT    B140,001-B165,000    061AU2023000000000665

**PAID**  
PRIME CARE ALPHA  
Cashier/Authorized Person

ORDER

0004  
470302  
08/07/2024  
Cash  
P300.00

Juvelyn M. Ursal

Signature Over Printed Name

Signature Over Printed Name  
Date Created: 08/05/2024



**Medgruppe Polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 Tel # (032) 232-2273/266-3245  
 www.primecarealpha.ph

**BILL TO :**

**[000160] IPLOY STAFFING SOLUTIONS**  
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

**SERVICE ORDER**



43

Priority No.	0037
SO No.	470170
S.O Date	08/05/2024
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 103818  
**PATIENT NAME** : BINONGO, JULIANA GRACE, CABE  
**PATIENT ADDRESS** : Pardo (Pob.), Cebu City (Capital), Cebu  
**MOBILE NO.** : 0992 893 2485  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 07/26/2005  
**AGE** : 19  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE CHEST PA, CBC, UA DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.) <i>EE waived</i>	1.00	800.00	800.00

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VARIABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

**PREPARED BY:**

Juvelyn N. Ursal

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VALIDATED**

Signature Over Printed Name

Date Created: 08/05/2024 10:11 AM

I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests, I have reviewed the prices listed on the (SO) and agree to the changes associated with the products and services.

\*\*\* THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM \*\*\*

### Cabellon Building

Apartment building

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#### OVERVIEW

#### PHOTOS

#### UPDATES

84 Dacalos St, Cebu City, 6000 Cebu, Philippines

Suggest an edit

See all

#### Questions & answers

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